PART B - FEE(S) TRANSMITTAL send this form together with applicable fee(s), to: Mail Mail Stop ISSUE FEE Complete and Commissioner for Patents Alexandria, Virginia 22313-1450 1 5 2003 (703)746-4000 INSTRUCTIONS: Was form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks I through 4 should be completed where appropriate. All further correspondence, dichiding the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence address as indicated unless corrected below or districted otherwise in Block I, by (a) specifying a new correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for maintenance fee notifications of the correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for maintenance fee notifications. URRENT CORRESPONDENCE ADDRESS (Note: Legibly mark-up with any corrections or use Block 1) Note: A certificate of mailing can only be used for domestic mailings of the Fec(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission. 27752 THE PROCTER & GAMBLE COMPANY INTELLECTUAL PROPERTY DIVISION Certificate of Mailing or Transmission I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Box Issue Fee address above, or being facsimile transmitted to the USPTO, on the date indicated below. WINTON HILL TECHNICAL CENTER - BOX 161 6110 CENTER HILL AVENUE CINCINNATI, OH 45224 Mueller Kathy (Depositor's name) مه ٥ (Signature 9 FIRST NAMED INVENTOR ATTORNEY DOCKET NO. CONFIRMATION NO. APPLICATION NO. FILING DATE 11/26/2001 Luke Robinson Magee 8796 8121 09/994 191 TITLE OF INVENTION: ABSORBENT ARTICLE FASTENING DEVICE SMALL ENTITY ISSUE FEE **PUBLICATION FEE** TOTAL FEE(S) DUE DATE DUE APPLN. TYPE 09/15/2003 \$1300 \$300 \$1600 NO nonprovisional **EXAMINER** ART UNIT **CLASS-SUBCLASS** 604-385030 BOGART, MICHAEL G 3761 1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). 2. For printing on the patent front page, list (1) Jack L. Oney, Jr. the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a  $\hfill \Box$  Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. single firm (having as a member a registered Jeffrey R. Moore attorney or agent) and the names of up to 2 M "Fcc Address" indication (or "Fcc Address" Indication form PTO/SB/47; Rcv 03-02 or more recent) attached. Use of a Customer Number is required. registered patent attorneys or agents. If no name Ken K. Patel is listed, no name will be printed.

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or typc)

PLEASE NOTE: Unless an assignce is identified below, no assignce data will appear on the patent. Inclusion of assignce data is only appropriate when an assignment has been previously submitted to the USPTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment.

| (A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY)  |  |                   |  |        |              |
|--|--|-------------------|--|--------|--------------|
| The Procter & Gamble Company   | Cincinnat  | ti, Ohio          |  |        |              |
| Please check the appropriate assignce category or categories (will not   | <del></del>  | individual        | X corporation or other private group                           | entity | 2 government |
| 4a. The following fee(s) are enclosed:   | 4b. Payment of Fee(s):  A check in the amount of the second secon | the fee(s) is one | losed  |        |              |
| S Issue Fee  | Payment by credit card. Form PTO-2038 is attached.   |                   |  |        |              |
| Xi Publication Fee - if any  | The Commissioner is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number $10-2400$ (enclose an extra copy of this form).  |                   |  |        |              |
| X Advance Order - # of Copies2   |  |                   |  |        |              |
| (Authorized Lighature)  (Authorized Lighature)  (Date)  (Date) | be accepted from anyone ssignce or other party in demark Office. information is required to the USPTO to process) an FR 1.14. This collection is paring, and submitting the adding upon the individual omplete this form and/or Information Officer, U.S. ce, Alexandria, Virginia IS TO THIS ADDRESS.   | 09<br>01<br>02    | 7/16/2003 KBETEHA2 00000042 FC:1501 1300.00 DA FC:8001 6.00 DA |        |              |